



ORANGE COUNTY ENDODONTICS
PRACTICE LIMITED TO MICROSCOPIC ENDODONTICS

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Introducing:

Home Tel: _____

Work Tel: _____

Referring
Doctor: _____

Appointment:

Day: M T W Th F

Date: _____

Time: _____

Tooth/Area: _____

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

Age of existing restoration: _____

History:

- Pain
- Swelling
- Pulp Exposure
- Pulp Cap
- Periradicular Radiolucency
- Fracture
- Trauma
- Periodontal Condition

Treatment Requested:

- Diagnostic Consultation
- Intentional Endodontics
- Treat as Needed
 - Non-Surgical
 - Surgical

- Call prior to examination
- Please send additional referral slips

Treatment Previously Completed:

- Occlusion Adjusted
- Sedative Dressing Placed
- Pulp Extirpated
- Canals Instrumented
- Incision & Drainage
- Rx Antibiotic _____
- Rx Analgesic _____

- Provide Post Space
- Provide Build-up without post
- Provide Build-up with post
- Other _____
- Call following examination